

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35969

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY <u>Barren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash. Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 yr 29 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R. C.</u>		3568	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>State Hosp #3</u>				d. STREET ADDRESS (If rural, give location) <u>3822 College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rae</u>		b. (Middle) <u>-</u>		c. (Last) <u>Heaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr 14-1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coach</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	
13c. NAME OF HUSBAND OR WIFE <u>H. E. Heaver</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		15. SOCIAL SECURITY NO. <u>unk</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Hosp. Records, Nevada, Mo</u>	
17. ADDRESS <u>unk</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Meningo Encephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>unk</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>unk</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>unk</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>unk</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>unk</u>		22. I hereby certify that I attended the deceased from <u>6-1-1946</u> , to <u>10-24-1950</u> , that I last saw the deceased alive on <u>10-23-1950</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. R. Burch M.D.</u>		(Degree or title)		23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>10-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>		24b. DATE <u>10-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 25, 50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Primm Funeral Home</u>		ADDRESS <u>Humansville, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 30 1950

Dist. File 1050-2171

Date Filed 10-30-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed C. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.